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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **496**
Registrar's No. **866**

FILED FEB 24 1941

Registration District No. **1002** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Lillian Kline**
(b) If veteran, name war **No** (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Milton P.** (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 6th, 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **II** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Pike County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **-----Gilbert**
13. Birthplace **S. Carolina** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Orr**
15. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

16. (a) Informant **Milton P. Kline, Sr.**
(b) Address **4106 Clara Place**

17. (a) **Burial** (b) Date thereof **I/29th/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cemetery**

18. (a) Signature of funeral director **Kreeger-Voss-Fix**

(b) Address **3402 N. Kingshighway**

19. (a) **JAN 28 1942** (b) **J. Z. Bredick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **St. Louis** (b) County _____
(c) City or town **Missouri** (If outside city or town limits, write "RURAL")
(d) Street No. **4106 Clara Place 0** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan. 26th** day **10** year **1942** hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from **Jan. 24th** to **Jan. 26th**, 1942, that I last saw him alive on **Jan. 26th**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to **possibly age**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. W. Harris** (M. D. **Harris**)
Address **9505 N. Grand** Date signed **1/28/42**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Henry W. Wilkinson

Licensed Embalmer No. 3578

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.